



Missouri Pharmacy Program – Preferred Drug List



Herpes Antivirals – Oral

Effective 01/10/2013

Revised 07/12/2018

Preferred Agents

- Acyclovir Tablets/Capsules
- **Acyclovir Suspension**
- Valacyclovir

Non-Preferred Agents

- **Famciclovir**
- Famvir®
- Sitavig®
- Valtrex®
- **Zovirax® Suspension**
- Zovirax® Tablets/Capsules

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030